
State:	Arkansas	Filing Company:	Continental American Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Accident 7800		
Project Name/Number:	Master Application and Wellness Amendment/		

Filing at a Glance

Company:	Continental American Insurance Company
Product Name:	Accident 7800
State:	Arkansas
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Form
Date Submitted:	08/13/2012
SERFF Tr Num:	CAIC-128635820
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	8794, 8793
Implementation	On Approval
Date Requested:	
Author(s):	Sara McCormick
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	08/13/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Accident 7800
Project Name/Number: Master Application and Wellness Amendment/
Filing Company: Continental American Insurance Company

General Information

Project Name: Master Application and Wellness Amendment
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Other
Overall Rate Impact:
Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Explanation for Other Group Market Type: Union
Filing Status Changed: 08/13/2012
State Status Changed: 08/13/2012
Created By: Sara McCormick
Submitted By: Sara McCormick
Corresponding Filing Tracking Number:

Filing Description:

We are filing these forms for your review and approval. This is a new filing and will not replace any other forms on file with your department.

The Master Application and Wellness Amendment will be used with or attached to group accident forms previously approved by your department.

If you have any questions or require additional information, please contact Sara McCormick either at 1.888.730.2244, ext. 4952 or at companycompliance@aflac.com. Thank you for your consideration in this matter.

Company and Contact

Filing Contact Information

Sara McCormick, Regulatory Analyst
2801 Devine Street
Columbia, SC 29205
smccormick@caicworksite.com
803-354-4952 [Phone]

Filing Company Information

Continental American Insurance Company
2801 Devine Street
Columbia, SC 29205
(803) 256-6265 ext. [Phone]
CoCode: 71730
Group Code:
Group Name: Continental Amer
Ins Co
FEIN Number: 57-0514130
State of Domicile: South Carolina
Company Type: LAH
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: 1 application/\$50.00 + 1 amendment/\$50.00 = \$100.00.
Per Company: No

Company	Amount	Date Processed	Transaction #
Continental American Insurance Company	\$100.00	08/13/2012	61625119

SERFF Tracking #:	CAIC-128635820	State Tracking #:		Company Tracking #:	8794, 8793
State:	Arkansas	Filing Company:	Continental American Insurance Company		
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only				
Product Name:	Accident 7800				
Project Name/Number:	Master Application and Wellness Amendment/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2012	08/13/2012

State:	Arkansas	Filing Company:	Continental American Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Accident 7800		
Project Name/Number:	Master Application and Wellness Amendment/		

Disposition

Disposition Date: 08/13/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Accident 7800 Master Application	Approved-Closed	Yes
Form	Wellness Amendment	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Continental American Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Accident 7800		
Project Name/Number:	Master Application and Wellness Amendment/		

Form Schedule

Lead Form Number: CAI7814							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/13/2012	CAI7814	AEF	Accident 7800 Master Application	Initial:	0.000	CAI7814 Revised ACC7800 Master App.pdf
2	Approved-Closed 08/13/2012	CAI7851	CERA	Wellness Amendment	Initial:	53.500	CAI7851 ACC7800 Wellness Amendment.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

APPLICATION FOR GROUP ACCIDENTAL INJURY INSURANCE

Application is hereby made to:



CONTINENTAL AMERICAN INSURANCE COMPANY

**[2801 Devine Street, Columbia, South Carolina 29205
800.433.3036]**

By _____
[Employer, Union] Name

Of _____
Home Office Location (City and State)

For a Plan of Group Accidental Injury Insurance. Representations are made as follows:

1. Class of [Employees] Eligible for Coverage:

☐ Regular [full; part]-time [Employees] [under age [70]]

☐ Regular [full; part]-time [Employees] [under age [70]], except _____

☐ Other: _____

[Employee] Requirements

A [full; part]-time [Employee] is one who works ____ hours or more per week. An [Employee] must be Actively at Work on the date he applies for coverage and on the date his Group Accidental Injury Insurance becomes effective. [An Employee] must complete _____ [days] of continuous service to be eligible for coverage.

2. The minimum number of enrolled [Employees] necessary to keep the Group Policy in force is _____

3. The requested Effective Date of the Group Policy is _____

4. **Accident Plan:** ☐ 1 ☐ 2 ☐ Other _____

Optional Features: ☐ Sickness Rider] ☐ Total Disability Rider] ☐ Gunshot Wound Rider]
☐ Catastrophic Accident Rider] ☐ Dependent Rider]

5. Will this Group Accidental Injury Policy replace any existing Group Accidental Injury Policy?

☐ Yes ☐ No

[If this coverage will replace any existing individual policy, please be aware that it may be in your [Employees'] best interest to maintain their individual guaranteed-renewable policy via direct bill. [Employees] may contact their insurance carrier for an explanation of their options for both continuation or cancellation of any existing coverage.]

6. General Agreement:

[The policyholder agrees to transmit the total premiums under the Group Policy to Continental American Insurance Company at its Home Office when due.] No agent or other person except an officer can make or change any contract or agreement on behalf of Continental American Insurance Company.

By (Signature)	Date
Title	



CONTINENTAL AMERICAN INSURANCE COMPANY

[2801 Devine Street, Columbia, South Carolina 29205
800.433.3036]

AMENDMENT TO CERTIFICATE OF INSURANCE FOR NON-PARTICIPATING GROUP ACCIDENTAL INJURY POLICY

This Amendment is a part of the form to which it is attached. Unless amended by this document, all definitions, exclusions, limitations, terms, and other provisions apply. For the purpose of this Amendment, "you" (including "your" and "yours") refers to the Insured named in the Certificate Schedule.

Effective Date

This Amendment becomes effective on the Effective Date of the form to which it is attached.

Wellness Benefit

The following language replaces the Wellness Benefit language found under SECTION IV – BENEFIT PROVISIONS of the Master Policy and the Certificate of Insurance:

[Wellness Benefit

We will pay the amount shown in the Benefit Schedule for the following:

- annual physical exams
- immunizations
- ultrasounds
- mammograms
- flexible sigmoidoscopy
- blood screening
- pap smears
- PSA tests

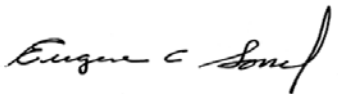
[This benefit is only payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.]

[This benefit is payable after premiums have been paid for 12 months and while the Insured's coverage is in force.] This benefit is payable [once] each 12-month period.]

General Provisions

- This Amendment is part of the form to which it is attached. It will terminate when that form terminates.
- This Amendment is subject to all of the terms of the form to which it is attached unless those terms are inconsistent with this Amendment.

Signed for the Company at its Home Office,

[]

[Eugene C. Sorrel, President]

State:	Arkansas	Filing Company:	Continental American Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Accident 7800		
Project Name/Number:	Master Application and Wellness Amendment/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/13/2012
Comments:			
Attachment(s):			
CAIC Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/13/2012
Comments:	This is not a policy form filing; the application being filed will be used with the ACC7800 product series approved by your department.		



READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms have the following readability score as calculated by the Flesch Reading Ease Test:

Form

Readability Score

CAI7851

53.5

Digitally signed by James J. Hennessy
DN: cn=James J. Hennessy, o=CAIC/
Aflac, ou=2nd VP, Compliance,
email=JHennessy@caicworksite.com,
c=US
Date: 2012.08.13 12:04:43 -04'00'

James J. Hennessy, AIRC, ACP, CCP
Vice President, Compliance
Continental American Insurance Company

August 13, 2012

Date